



# 2013 Austin Junior Golf Academy Registration Form

**Please fill out a  
Medical Release  
Form**

Date: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address (required): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Male ☐ Female

(Must be 5 years old as of June 1, 2012)

**T-Shirt Size:** Adult Sm Med Lg Xlg

(Circle One) Youth Sm Med Lg Xlg

Golf Clubs Needed? Yes No Childs Height \_\_\_\_\_



In case of emergency Call \_\_\_\_\_ Phone \_\_\_\_\_

(Please provide the name & number of the responsible person available during class time)

Mother/Guardian \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_

**Name of persons to whom the child may be released** \_\_\_\_\_

## Select Academy Session

Session I June 10 - 14 8:00 am to 11:30 am \_\_\_\_\_ (\$110) for Ages 5 - 13

Session II June 17 - 21 8:00 am to 11:30 am \_\_\_\_\_ (\$110) for Ages 5 - 13

Session I & II \_\_\_\_\_ (\$200) for Ages 5 - 13

Session III June 17 - 21 1:00 pm to 5:00 pm \_\_\_\_\_ (\$125) for Ages 14 - 18

**Total Amount Paid**

\$ \_\_\_\_\_

## Payment/Amount Due at time of registration per child per Session

**Mail & Make Checks Or  
Money Orders Payable To:**

**Austin Junior Golf Academy  
811 East 41<sup>st</sup> Street, Austin, TX 78751**

**If available please put  
in same class as:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medical Information & Waiver Form

Does your child require special care or any disabilities?

☐ Yes

☐ No

If yes, please specify: \_\_\_\_\_

Is your child currently taking any prescribed medication?

☐ Yes

☐ No

If yes, please specify: \_\_\_\_\_

Does your child have an existing or previous illness?

☐ Yes

☐ No

If yes, please specify: \_\_\_\_\_

Has your child been hospitalized in the past 12 months?

☐ Yes

☐ No

If yes, please specify: \_\_\_\_\_

Does your child have any known allergies to foods, insect stings or medications?

☐ Yes

☐ No

If yes, please specify: \_\_\_\_\_

In consideration of myself or my child, being allowed to participate in the Austin Junior Golf Academy, Inc, sponsored by the City of Austin Parks and Recreation Department. I, the undersigned parent, binding heirs, executors, administrators, estate and assigns, do hereby release and agree not to hold liable the City of Austin Parks and Recreation Department, its officers, agents and employees; from any and all actions causes of action, claims, demands, costs or damages as a result of property damages or personal injuries or death sustained by me or my said child or his/her or my property, arising from or resulting from an act or omission, negligent or otherwise, of the City of Austin, the Austin Junior Golf Academy, Inc., and Parks & Recreation Department, Junior Tournaments, its officers, agents and employees or any other person or at any participant in the program while participating in the said activity or while traveling to or from the place at which such activity will be conducted.

☐ **YES** -- Consent is hereby given for the applicant to participant in the Austin Junior Golf Academy program and permission is given for any emergency medical treatment, operation, or anesthesia, which might become necessary. I agree to be responsible for the expense of medical treatment of service.

Child's Name: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician's Telephone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Information or Phone: \_\_\_\_\_



The City of Austin is committed to compliance with the Americans with Disabilities Act. If you require special assistance for participation in our programs or for use of our facilities, please call (512) 974-9350

